

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/913614**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1			
2				1		
3				1		
4				1		
5				1		
6				3		
7				4		
8						
9				1		
10				6		
11				6		
12			1			
13				1		
14				1		
15				3		
16				3		
17				3		
18				3		
19				1		
20				0		
21				0		
22				0		
23				4		
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TOTAL IND.			3		5	
TOTAL DER.			54		13	
TOTAL CLAIMS			57		18	

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY